

# VFC Eligibility Screening and Documenting



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

## Immunization Program

Audio: 1-877-668-4490

Code: 576 842 681

## VFC Hot Topics Webinar August 2014

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## Webinar Reminders

We mute all participants upon entering the presentation. Please do not unmute yourself.

If you would like to ask a question during the presentation, please use the “Chat” function.

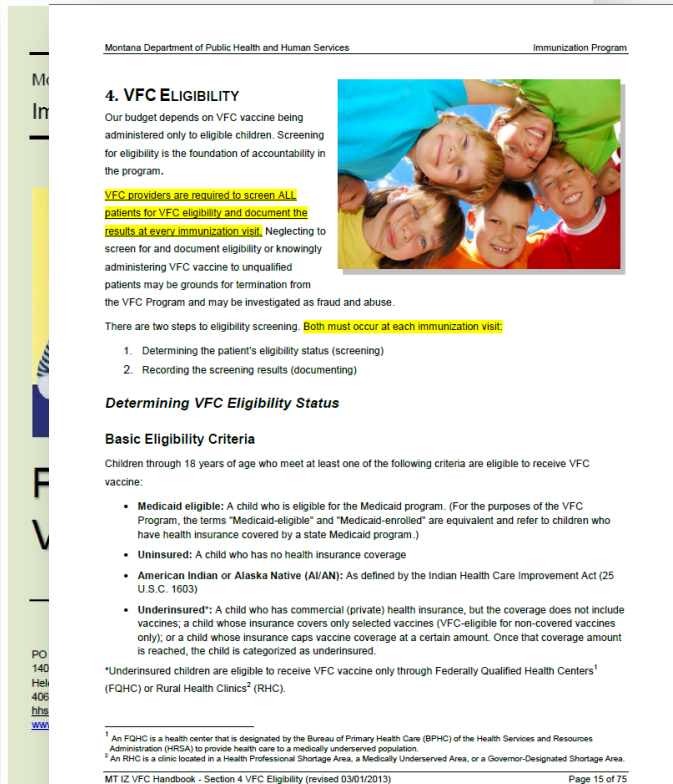


We will unmute everyone at the end for “live” questions.

This presentation will be posted to [www.immunization.mt.gov](http://www.immunization.mt.gov) under the VFC Training and Resource Page

Let's get started!!

# VFC Provider Handbook



## Section 4 VFC Eligibility

Screening

pages 15–17

Documenting

pages 17–18

Special Circumstances

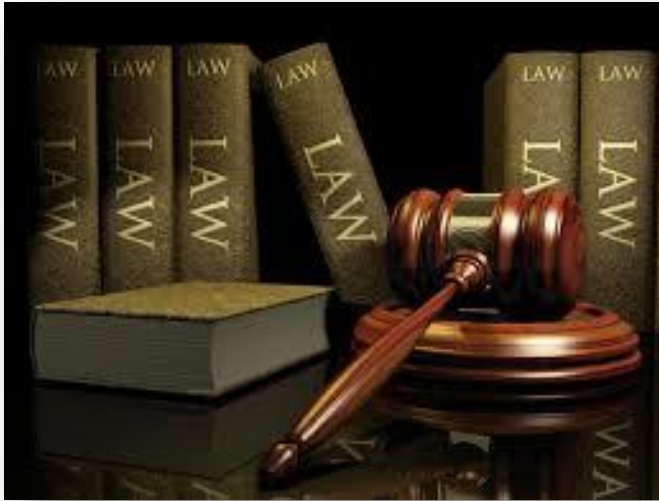
pages 19–20

~~2012 = Blue~~

~~2013 = Lavender~~

2014 = Green

(Update sent 08/21/2014)



# THE MOST IMPORTANT VFC Requirement:

- It's Federal Law
- Budget considerations
- Immunization Program:
  - Enforces the requirement
  - Recovers vaccine given to ineligible patients
  - Refers intentional or grossly negligent cases for fraud and abuse investigation.
- Leeway for ignorance; however:
  - Distribute the VFC Provider Handbook
  - Regional Meetings
  - VFC Hot Topics Webinars
  - Enrollment Visits
  - Compliance Site Visits
  - Annual Education Requirement
  - Requirement to notify us of change in vaccine manager/alternate manager.

## 42 USC § 1396s - Program for distribution of pediatric vaccines

USC-prelim US Code Notes Updates

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### (a) Establishment of program

#### (1) In general

In order to meet the requirement of section 1396a (a)(62) of this title, each State shall establish a pediatric vaccine distribution program (which may be administered by the State department of health), consistent with the requirements of this section, under which—

(A) each vaccine-eligible child (as defined in subsection (b) of this section), in receiving an immunization with a qualified pediatric vaccine (as defined in subsection (h)(8) of this section) from a program-registered provider (as defined in subsection (c) of this section) on or after October 1, 1994, is entitled to receive the immunization without charge for the cost of such vaccine; and

#### (B)

(i) each program-registered provider who administers such a pediatric vaccine to a vaccine-eligible child on or after such date is entitled to receive such vaccine under the program without charge either for the vaccine or its delivery to the provider, and

(ii) no vaccine is distributed under the program to a provider unless the provider is a program-registered provider.

### (2) Delivery of sufficient quantities of pediatric vaccines to immunize federally vaccine-eligible children

# Who can you serve?

Under 19 years of age:



- **Private Providers:**

- Medicaid
- Uninsured
- American Indian/Alaskan Native

- **FQHC/RHC/Local Health Departments:**

- Medicaid
- Uninsured
- American Indian/Alaskan Native
- VFC Underinsured – Insurance with NO coverage for immunizations

- **Local Health Departments:**

- Additional vaccine programs

# Eligibility Cheat Sheets

[www.immunization.mt.gov](http://www.immunization.mt.gov) (VFC link)

## Montana Public Vaccine and Eligible Populations – 2013 Federal Fiscal Year (starting October 1, 2012)

Private Provider without RHC Designation

"X" indicates eligible population at your facility. ■ Indicates ineligible population or unavailable vaccine.

Vaccine Category	Vaccines	Funding Source	Medicaid	VFC Categories (through 18 years)				Adult		
				American Indian/Alaskan Native	Uninsured <sup>2</sup>	VFC/CDC Underinsured <sup>3</sup>	State-Underinsured <sup>4</sup>	Uninsured	CDC Underinsured <sup>5</sup>	CDC Fully Insured <sup>5</sup>
Pediatric	DTaP IPV HIB Hep B Hep A PCV13 PPSV23 MMR Rotavirus Varicella Influenza	VFC	X	X						
Adolescent	MCV Tdap HPV	VFC	X	X						
Adult <sup>1</sup>	Hep A/B Tdap MMR HPV PPSV23 Influenza	317								
imMTrax Eligibility Designation <sup>6</sup>			Medicaid Recipient	American Indian or Alaskan Native	Not Insured	VFC	State supplied	Adult Not Insured	Adult Underinsured	Eligible

## Eligibility Cheat Sheets

- County Health Department with FQHC/RHC Designation or Deputization
- FQHC/Community Health Clinic
- Private Provider with RHC Designation
- Private Provider without RHC Designation

<sup>1</sup> 2013 State-supplied adult vaccine is only distributed to public clinics.

<sup>2</sup> Uninsured: A person who has no public or private health insurance.

<sup>3</sup> VFC/CDC Underinsured: A person who has health insurance, but the coverage does not include vaccines, only covers select vaccines, or coverage is capped at a certain amount. They are underinsured for the non-covered vaccines and vaccines received after exceeding the cap (FQHC/RHCs only).

<sup>4</sup> State Underinsured: A person who has health insurance that covers or partially covers vaccines, but the co-pay or deductible is considered not affordable by the patient/parent/guardian (county health departments only).

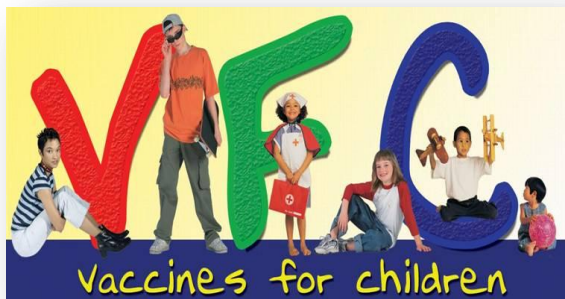
<sup>5</sup> CDC Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

<sup>6</sup> The imMTrax eligibility designation "Unknown or Undetermined" is not allowed when using public vaccine.

# Special Eligibility Circumstances

Under 19 years of age:

- **Serve 100% VFC Eligible Population**
  - Certify once per year  
no screening
- **Birthing Hospitals**
  - Universal Hep B birth dose
  - Do not “screen,” but track







# Overview Eligibility Screening Requirements

- At every immunization visit:
  - “Screen” – Ask
  - “Document” – Record the answer (even if it hasn’t changed from last visit)
- Document in a way that can be traced back to the patient and the immunization visit (dated).
- For annual re-enrollment, must be able to tally pediatric (0–19) immunization patients by eligibility category and age.



# Acid Test:

## Eligibility Screening:

- If we randomly picked 10 pediatric immunization patients over the last year, is their eligibility status recorded at each visit?
- Can you tally IZ patients by eligibility category and age for annual enrollment?
- How does the person administering the shot know whether to use public or private vaccine?



# Documenting Eligibility Status:

Depends on whether you are:



- Integrated Provider – Records patient shot information directly into imMTrax; automatically decrements inventory
- Aggregate Provider – Only enters aggregate doses administered once per month (decrements inventory); Does not enter patient-level information or is on an electronic data feed.

# Integrated Providers

Document in a way that can be traced back to the patient and the immunization visit (dated):

Integrated Providers use imMTrax to document eligibility. Exception: If you do not manage your private vaccine in imMTrax, you must document eligibility screening for privately insured patients outside of imMTrax.

The screenshot shows the imMTrax web application interface. The browser address bar displays the URL: <https://immtrax.mt.gov/IR/immunizationAdd.do?pClientId=4098469>. The page header includes navigation links: home, change password, logout, help desk. The user is logged in as Lori Hutchinson, with the organization set to Billings Clinic and the site to BC- Heights/2087.

The main form is titled "Client Information" and includes the following fields:

- Client Name (First - MI - Last): [Redacted]
- DOB: [Redacted]
- Gender: [Redacted]
- Mother's Maiden: [Redacted]
- Tracking Schedule: ACIP
- Chart #: [Redacted]
- VFC Eligible: No

The "Vaccine" section includes a dropdown menu for "Vaccine" with the following options:

- Unknown or Undetermined
- Medicaid Recipient
- American Indian or Alaska Native
- Underinsured - VFC
- Not Insured
- Not Eligible
- Unknown or Undetermined
- Underinsured - State supplied

The "DTaP" section includes the following fields:

- DTaP: [Redacted]
- Volume: .50 cc
- Administered By: [Redacted]
- Body Site: [Redacted]

The "DTaP-IPV" section includes the following fields:

- DTaP-IPV: No
- KINRIX - AC20B193DA - Public: [Redacted]
- Volume: .50 cc
- Administered By: [Redacted]
- Body Site: [Redacted]

# Integrated Providers

Use the “Data extract for billing” report as a quality check:

accredit site type  
**Inventory**  
manage orders  
approve orders  
manage inventory  
manage transfers  
manage cold chain  
request vaccine usage  
nip request expected  
usage  
request transaction sum  
data extract for billing  
manage ndc

Vaccine  
Stock

Eligibility  
Status

PRIVATE		Not Eligible
PRIVATE		Not Eligible
PRIVATE		Not Eligible
PUBLIC		Medicaid Recipient
PUBLIC		Medicaid Recipient
PUBLIC		Medicaid Recipient

# Integrated Providers:

Errors or exceptions: "Data extract for billing"

PUBLIC		Medicaid Recipient	
PUBLIC		Medicaid Recipient	
<del>PUBLIC</del>	<del></del>	<del>Unknown or Undetermined</del>	<del></del>
<del>PUBLIC</del>	<del></del>	<del>Unknown or Undetermined</del>	<del></del>

Not allowed

PUBLIC		Medicaid Recipient	
PUBLIC		Medicaid Recipient	
PUBLIC		Not Eligible	
PUBLIC		Not Eligible	

Only for borrowing payback

PRIVATE		Medicaid Recipient	
PRIVATE		Medicaid Recipient	

Must have paper borrowing form to back-up these transactions.

# Integrated Providers:

Automatically tallies immunization numbers for annual re-enrollment:

## B. Estimated vaccinations by age group and insurance

For the 12-month period beginning January 1, 2013 estimate the number of patients who will receive vaccinations at your facility, by age group. Of the total number of patients, how many patients, by age group, fit into one of the categories below. Only count a patient once in each 12-month period no matter the number of visits. You may be able to get these numbers from your billing department or VFC Screening Records. These numbers do not affect your ability to receive vaccine in Montana. They do identify appropriate funding sources.

Category	Number of Patients Less than 1 year old	Number of Patients 1 through 6 Years of Age	Number of Patients 7 through 18 Years of Age	Number of Patients Over 18 Years of Age	Total
Enrolled in Medicaid	20	134	96	60	310
Without Health Insurance	2	6	12	N/A	20
American Indian or Alaskan Native	0	1	1	N/A	2
Underinsured* (See Definition Below)	0	0	0	N/A	0
Private Insurance	15	138	127	723	1003
<b>Total</b>	37	279	236	783	1335

# Aggregate Providers

Document in a way that can be traced back to the patient and the immunization visit (dated):

Aggregate providers must document VFC eligibility status outside imMTrax:

Rules are the same:

1. Ask and document at each visit
  2. Tally at the end of the year
- Paper form or questionnaire (dated with patient name)
  - State-supplied paper eligibility log (on our website)
  - Enter in paper chart or EHR



# Aggregate Providers

## State-supplied Paper Log

Accountability Period		Date of Service (mo / day)	PATIENT VFC ELIGIBILITY STATUS						VACCINE DOSES ADMINISTERED																	
From: ____ / ____ / ____	To: ____ / ____ / ____		(Check ONE BOX for each service date. Circle the checkmark for the first visit of the year or whenever eligibility status changes.)						Check all doses administered at each visit.																	
Name	Date of Birth		Age is under 1 Year		Age is 1 through 6 Years		Age is 7 through 18 Yrs		Hep B	HIB: Pedvax (or ActHIB + [A]) (or Hibrix [HI])	IPV	Pediarix (DTap + Hep B + IPV)	Pentacel (DTap + IPV + ActHIB)	Pneumococcal PCV (or PPSV +)	Rotavirus Rotatq (or Rotarix* [RR])	MMR	VAR	ProQuad (MMRV)	Hep A	Influenza - .25 dose	Influenza - .5 dose	Influenza - Flumist	Kinrix - for 4-6 yr olds only (DTap + IPV)	Tdap (or Td +)	Meningococcal-MCVA Menactra (or Menveo* [O])	Human Papillomavirus (HPV) Gardasil
1		/																								
2		/																								
3		/																								
4		/																								
5		/																								
6		/																								
7		/																								
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To determine provider profile numbers for re-enrollment, count the circled checkmarks in each column for the entire year.																										
Provider's Signature:																										
Date:																										

Total these columns for VFC vaccine doses administered - Use these numbers to determine vaccine need and order quantities.

# Aggregate Providers

Pitfalls to avoid:

- Must be able to record ALL eligibility categories including “not eligible” (private pay)
- Must be attached to visit or shot (not just part of demographic information)
- Must be able to tally IZ patients at the end of the year.
- Paper chart - List on state-supplied log sheet so you can easily tally at end of year.
- If you use an intake questionnaire, you must retain ALL for three years (not just most current).
- If you use the state-supplied log sheet as the ONLY way you document eligibility, must list ALL immunization visits, not just VFC.

**Call us before changing your process or programming custom functions in EHR.**

# Re-cap VFC Eligibility Screening Requirements:

Please do it. It's the law!!!

1. Ask and document at each visit.
2. Tally immunization numbers by eligibility category and age for annual enrollment

## **Integrated Providers:** Use imMTrax

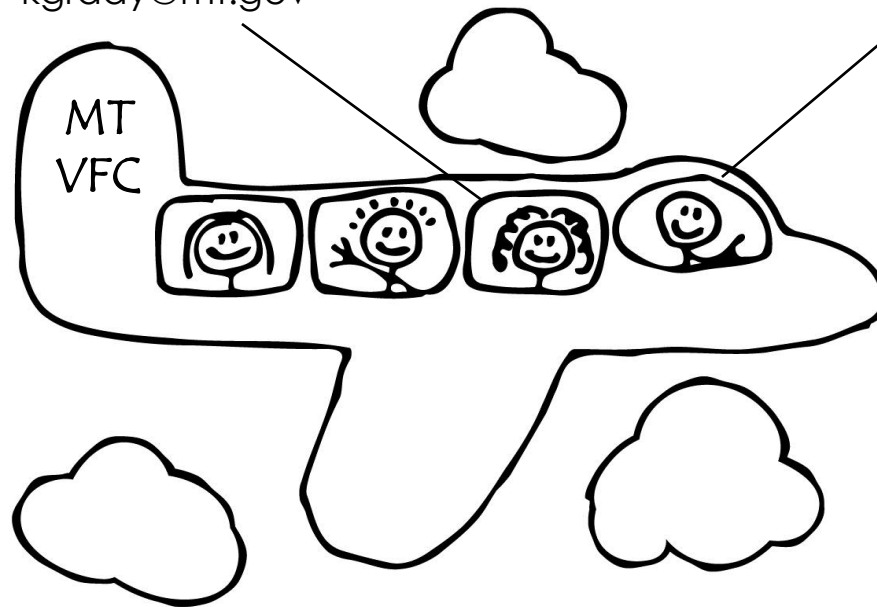
Exception: If you do not manage your private vaccine in imMTrax, you must document eligibility screening for privately insured patients outside of imMTrax.

## **Aggregate Providers:** Must document and tally outside imMTrax

We are required to check your screening and documenting process during compliance site visits.

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